

**From:** Steve Shults  
**To:** [Appeals](#)  
**Cc:** ["Steve Shults"](#)  
**Subject:** Appeal for Decatur Public Schools for 2014-2015  
**Date:** Friday, February 02, 2018 6:10:14 PM  
**Attachments:** [Appeal of Administrators Dec dated 12-21-17.pdf](#)

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Hello,

I am attaching an appeal asking you to please reconsider your Administrator's Decision on Appeal – Funding Year 2014-2015 which was dated 12/21/2017. Your decision says that it was based on us not appealing the original denial (based on late submission) in a timely fashion.

As in our original appeal, our Company had provided the service to the e-Rate customer (Decatur Public Schools) but had inadvertently not submitted the invoice to USAC in a timely manner. Also, after we had filed the paperwork, we were not notified of the original denial. If we had know that we were being denied for payment, we would have filed an appeal in a timely manner. Based on information from the Universal Service Administrative Company, we have submitted these appeals.

Our Company deeply regrets this lapse in processing the USAC paperwork. We understand that this is a very serious matter. We have taken steps to put procedures in place to better handle this issue going forward and we are determined to never have a situation like this again.

We are asking that the funding for these services be approved and that Bloomingdale Telephone Company be compensated for the submission FCC Form 474 Invoice #2439070 (Nickname DPS 2014-2015)

Please feel free to contact me if you have any questions or concerns regarding this matter. I am the contact person who can discuss the appeal with USAC in detail. My contact information is: Steve Shults, General Manager, Bloomingdale Telephone Company, PO Box 187, 101 W Kalamazoo St., Bloomingdale, MI 49026, 269-521-7313 (desk) or 517-242-4911 (cell) and my email is [swshults@bloomingdalecom.net](mailto:swshults@bloomingdalecom.net).

Respectfully submitted,  
Steven W. Shults, CPA  
General Manager  
Bloomingdale Telephone Company  
269-521-7313  
517-242-4911



February 2, 2018

Federal Communications Commission  
445 12th Street SW  
Washington, DC 20554

RE: Schools and Libraries Program: CC Docket No. 02-6  
SPIN 143001696 FCC Form 474 Invoice # 2439070

To whom it may concern,

We are asking that you please reconsider the Administrator's Decision on Appeal – Funding Year 2014-2015 which was dated 12/21/2017. Your Decision says that it was based on us not appealing the original denial (based on late submission) in a timely fashion.

Our Company inadvertently didn't file the Form 474 on a timely basis. We were not informed via email or US postal about the denial. Based on information from the Universal Service Administrative Company, we are asking for an Appeal of the time to submit this invoice.

Our Company provided the services to the Decatur School District but simply did not submit the invoice to the USAC Schools and Library Fund in a timely manner. We had a different billing arrangement with this school district than we did with a number of our other e-Rate customers. With Decatur Public Schools, we only billed the school directly what they owed (the discounted amount) and then accumulated the Amount to be Billed to USAC. Our Billing Specialist should then have invoiced the USAC the \$19,951.34 on a timely basis but did not.

PLEASE RECONSIDER YOUR DENIAL OF OUR APPEAL. Our Company deeply regrets this lapse in processing the USAC paperwork. We understand that this is a very serious matter. We have taken steps to put procedures in place to better handle this issue going forward and we are determined to never have a situation like this again.

Please feel free to contact me if you have any questions or concerns regarding this matter.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'Steven W. Shults'.

Steven W. Shults, CPA  
General Manager/CEO



**Universal Service Administrative Company**  
Schools & Libraries Division

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**Administrator's Decision on Appeal – Funding Year 2014-2015**

December 21, 2017

Steven W. Shults  
Bloomingdale Telephone Company  
101 W. Kalamazoo Street  
PO Box 187  
Bloomingdale, MI 49026

Re: Applicant Name:	DECATUR PUBLIC SCHOOL DISTRICT
Billed Entity Number:	131329
Form 471 Application Number:	941402
Funding Request Number(s):	2565838, 2565840
Decision Letter Date:	October 06, 2016
Date Appeal Postmarked:	December 13, 2017
Your Correspondence Dated:	December 13, 2017

Our records show that your appeal was postmarked more than 60 days after the date your Remittance Statement was issued, as shown above. Federal Communications Commission (FCC) rules require applicants to postmark appeals within 60 days of the date on the decision letter being appealed. FCC rules do not permit the Universal Service Administrative Company (USAC) to consider your appeal.

If you believe there is a basis for further examination of your application, you may file an appeal with the FCC. You should refer to CC Docket No. 02-6 on the first page of your appeal to the FCC. Your appeal must be postmarked within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and options for filing an appeal directly with the FCC can be found under the Reference Area/"Appeals" of the SLD section of the USAC website or by contacting the Client Service Bureau. We strongly recommend that you use the electronic filing options.

Schools and Libraries Division  
Universal Service Administrative Company

Steven W. Shults  
Bloomingdale Telephone Company  
101 W. Kalamazoo Street  
PO Box 187  
Bloomingdale, MI 49026

Billed Entity Number: 131329  
Form 471 Application Number: 941402  
Form 486 Application Number:

## Steve Shults

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**From:** Steve Shults [swshults@bloomingtondalecom.net]  
**Sent:** Wednesday, December 13, 2017 12:01 PM  
**To:** Appeals@sl.universalservice.org  
**Cc:** 'Steve Shults'  
**Subject:** Appeal for Decatur Public Schools for 2014-2015  
**Attachments:** DPS Appeal to FCC for 2014-2015.pdf

Hello,

I am attaching an appeal for the Schools and Libraries e-Rate funding for Decatur Public Schools for the 2014-2015 funding/school year.

This had been submitted to the FCC Form 474 Invoice #2439070 Funding Request Information for FCC Form 471 Applicant Number 941402 (Decatur Public Schools located in Decatur Michigan) on 09/26/2016. This invoice was for FRN 2565840 (funded \$2,314.18) and 256838 (funded \$28,800.00). The Nickname of our submission was DPS 2014-2015. The FCC Form 474 showed a Total Invoice Amount of \$19,951.34 and the deadline to submit those invoices for those services was 10/28/2015.

Our Company inadvertently didn't file the Form 474 on a timely basis. Based on information from the Universal Service Administrative Company, we are now asking for an Appeal of the time to submit this invoice.

Our Company provided the services to the Decatur School District but simply did not submit the invoice to the USAC Schools and Library Fund in a timely manner. We had a different billing arrangement with this school district than we did with a number of our other e-Rate customers. With Decatur Public Schools, we only billed the school directly what they owed (the discounted amount) and then accumulated the Amount Billed to USAC. Our Billing Specialist should then have invoiced the USAC the \$19,951.34 on a timely basis but did not.

Our Company deeply regrets this lapse in processing the USAC paperwork. We understand that this is a very serious matter. We have taken steps to put procedures in place to better handle this issue going forward and we are determined to never have a situation like this again.

We are asking that the funding for these services be approved and that Bloomingdale Telephone Company be compensated for the submission FCC Form 474 Invoice #2439070 (Nickname DPS 2014-2015)

Please feel free to contact me if you have any questions or concerns regarding this matter. I am the contact person who can discuss the appeal with USAC in detail. My contact information is: Steve Shults, General Manager, Bloomingdale Telephone Company, PO Box 187, 101 W Kalamazoo St., Bloomingdale, MI 49026, 269-521-7313 (desk) or 517-242-4911 (cell) and my email is [swshults@bloomingdalecom.net](mailto:swshults@bloomingdalecom.net).

Respectfully submitted,

Steven W. Shults, CPA

General Manager

Bloomingdale Telephone Company

269-521-7313

517-242-4911



December 13, 2017

Federal Communications Commission  
445 12th Street SW  
Washington, DC 20554

RE: Schools and Libraries Program: CC Docket No. 02-6  
SPIN 143001696 FCC Form 474 Invoice # 2439070

To whom it may concern,

Due to clerical errors, our Company filed FCC Form 474 Invoice # 2439070 Funding Request Information for FCC Form 471 Applicant Number 941402 (Decatur Public Schools located in Decatur Michigan) on 09/26/2016. This invoice was for FRN 2565840 (funded \$2,314.18) and 2565838 (funded \$28,800.00). The FCC Form 474 showed a Total Invoice Amount of \$19,951.34 and the deadline to submit invoices for those services were 10/28/2015.

Our Company inadvertently didn't file the Form 474 on a timely basis. Based on information from the Universal Service Administrative Company, we are now asking for an Appeal of the time to submit this invoice.

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Please feel free to contact me if you have any questions or concerns regarding this matter.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'Steve Shults'.

Steven W. Shults, CPA  
General Manager

FCC Form 474	<div style="border: 1px solid black; height: 60px; margin: 0 auto; width: 80%;"></div> <p>Do not write in this space.</p>	<p style="text-align: right;">Approved by OMB OMB Control No. 3060 – 0856 Estimated time per response: 1.0 hour</p>
<p><b>Schools and Libraries Universal Service Service Provider Invoice FCC Form 474</b></p>		
<p><small>Please read instructions before completing</small></p> <p>Service Provider Form Identifier <u>DPS 2014-</u> <u>2015</u> <small>(Create an Identifier for your own reference)</small></p>		<p>FCC Form 474 Invoice # <u>2439070</u> <small>(To be inserted by administrator)</small></p>
<b>Block 1: Service Provider Information</b>		
1. Service Provider Name <u>Bloomington Telephone Co, Inc.</u>		
2. Service Provider Identification Number (SPIN) <u>143001696</u>		
3. Contact Person's Name <u>Steve Shults</u>		
4. Contact Telephone Number <u>Area Code: 269 Phone Number: 5217313 Ext.</u>		
Contact Fax Number <u>Area Code: 269 Fax Number: 5217373</u>		
Contact Email Address <u>swshults@bloomingtoncom.net</u>		
5. Total Invoice Amount (total of Block 2, Column 13) <u>19951.34</u>		



SPIN <u>143001698</u>							
Service Provider Form Identifier <u>DPS 2014-2015</u>							
Contact Person <u>Steve Shults</u>							
Contact Telephone Number <u>269-5217313</u>							
<b>Block 2: Funding Request Number Information</b>							
6. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	11. Total (Undiscounted) Amount for Service per FRN	12. Discount Rate	13. Amount Billed to USAC (Column 11 multiplied by Column 12)
			For each FRN, there should be an entry in Column 9 or Column 10 but <b>NOT BOTH</b>				
941402	2565838	MONTHLY	07/01/2014		1900	80	1520
941402	2565838	MONTHLY	08/01/2014		1900	80	1520
941402	2565838	MONTHLY	09/01/2014		1900	80	1520
941402	2565838	MONTHLY	10/01/2014		1900	80	1520
941402	2565838	MONTHLY	11/01/2014		1900	80	1520
941402	2565838	MONTHLY	12/01/2014		1900	80	1520
941402	2565838	MONTHLY	01/01/2015		1900	80	1520
941402	2565838	MONTHLY	02/01/2015		1900	80	1520
941402	2565838	MONTHLY	03/01/2015		1900	80	1520
941402	2565838	MONTHLY	04/01/2015		1900	80	1520
941402	2565838	MONTHLY	05/01/2015		1900	80	1520
941402	2565838	MONTHLY	06/01/2015		1900	80	1520
941402	2565840	MONTHLY	07/01/2014		140.99	80	112.79
941402	2565840	MONTHLY	08/01/2014		94.48	80	75.58
941402	2565840	MONTHLY	09/01/2014		125.60	80	100.48
941402	2565840	MONTHLY	10/01/2014		249.33	80	199.46
941402	2565840	MONTHLY	11/01/2014		158.21	80	126.57
941402	2565840	MONTHLY	12/01/2014		273.38	80	218.70
941402	2565840	MONTHLY	01/01/2015		150.21	80	120.17
941402	2565840	MONTHLY	02/01/2015		170.64	80	136.51
941402	2565840	MONTHLY	03/01/2015		213.53	80	170.82
941402	2565840	MONTHLY	04/01/2015		203.03	80	162.42
941402	2565840	MONTHLY	05/01/2015		162.83	80	130.26
941402	2565840	MONTHLY	06/01/2015		196.98	80	157.58
<b>TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM 5</b>							

<b>Service Provider Invoice FCC Form 474</b>	
<b>Service Provider Form Identifier</b> <u>DPS 2014-2015</u>	
<b>Contact Person</b> <u>Steve Shults</u>	
<b>Contact Telephone Number</b> <u>269-5217313</u>	
<b>Block 3: Service Provider Certifications &amp; Signature</b>	
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:	
<input checked="" type="checkbox"/> A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. <input checked="" type="checkbox"/> B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct. <input checked="" type="checkbox"/> C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.	
<b>14. Signature of authorized person</b> <input checked="" type="checkbox"/>	<b>15. Date</b> 9/26/2016
<b>16. Printed name of authorized person</b> Steven W Shults	
<b>17. Title or position of authorized person</b> Asst Treasurer	
<b>18. Telephone number of authorized person</b> 269-5217313	
<b>19. Address of authorized person</b> PO Box 187 101 W Kalamazoo Bloomington MI, 49026	

Approved by OMB  
OMB Control NO. 3060 – 0856

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember -- You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

**THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**

**Do not staple the FCC Form 474.**

[Form 474 Menu](#) | [Question/Problem](#)

[Home](#) | Client Service Bureau: 1-888-203-8100

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Decatur Public Schools

2014	Internet Service	Toll Service
7/15/2014	1,520.00	112.79
8/15/2014	1,520.00	75.58
9/15/2014	1,520.00	100.48
10/15/2014	1,520.00	199.46
11/15/2014	1,520.00	126.57
12/15/2014	1,520.00	218.70
1/15/2015	1,520.00	120.17
2/15/2015	1,520.00	136.51
3/15/2015	1,520.00	170.82
4/15/2015	1,520.00	162.42
5/15/2015	1,520.00	130.26
6/15/2015	1,520.00	157.58
	18,240.00	1,711.34

19,951.34

2015	Internet Service	Toll Service
7/15/2015	1,520.00	153.61
8/15/2015	1,520.00	69.15
9/15/2015	1,520.00	118.78
10/15/2015	1,520.00	236.43
11/15/2015	1,520.00	242.96
12/15/2015	1,520.00	178.79
1/15/2016	1,520.00	119.86
2/15/2016	1,520.00	178.14
3/15/2016	1,520.00	145.76
4/15/2016	1,520.00	149.93
5/15/2016	1,520.00	
6/15/2016	1,520.00	170.46
	18,240.00	1,763.87

20,003.87

2016	Internet Service		Toll Service	
7/15/2016	1,520.00	1,824.00	88.06	
8/15/2016	1,520.00	(1,824.00)	35.34	
9/15/2016	1,520.00		48.81	
10/15/2016	1,520.00			
11/15/2016	1,520.00		184.02	
12/15/2016	1,520.00		161.02	-18240
1/15/2017				
2/15/2017				
3/15/2017				
4/15/2017				
5/15/2017				
6/15/2017				
	9,120.00	-	517.25	9,637.25
				31352.46



PO Box 187 ■ Bloomingtondale, MI 49026  
Address Service Requested

☐ If your address has changed or you would like automatic bill payment, please check here and provide the required information on the back of this page.

100017

DECATUR PUBLIC SCHOOLS  
ATTN: DEBBIE FOUNE  
PO BOX 187  
BLOOMINGTONDALE, MI 49026-0187

**Statement Date Jun 5, 2016**

Billing Number (269) 555-6800  
Account Number 0024047  
Total Due By Jun 22, 2016 \$39,784.75\*  
Amount Enclosed \$

Please put your phone number on your check and make payable to:  
Bloomingtondale Communications



BLOOMINGTONDALE COMMUNICATIONS  
DEPT. 9616  
PO BOX 30516  
LANSING MI 48909-8016



2695556800002404700397847507773

To ensure proper credit, please return the top portion of this page with your payment. Please do not staple, tape or fold.  
KEEP THIS PORTION FOR YOUR RECORDS

## ATTENTION

**PAYMENT FOR YOUR SERVICES HAS NOT YET BEEN RECEIVED.  
PLEASE RESPOND IMMEDIATELY.**

Please make payment prior to 12:00 noon on Wednesday June 22, 2016 to avoid possible disconnection of service. Payments can be deposited after hours in the night deposit slot located in the front of our office building.

If your account is disconnected, reconnect fees and/or a security deposit may be required.

In accordance with the rules of the Michigan Public Service Commission, residential telephone services will not be discontinued for monies that are in dispute pending the resolution of a complaint regarding the disputed amount. If you have such a complaint, contact us at 269-521-7300 for further information.

If you do not have such a complaint, but are unable to pay the amount past due in full, you may contact us to discuss payment arrangements.

If this account has been paid, please notify our office immediately.

**Statement Date Jun 5, 2016**

Billing Number (269) 555-6800  
Account Number 0024047  
Past Due After Jun 22, 2016  
Total Amount Due \$39,784.75\*

## Summary of Charges

Previous Balance \$38,264.75  
Payments received through JUN 07 \$0.00  
**Past Due Balance (Due Immediately) \$38,264.75**  
Payments received after JUN 07 are not included.

Recurring Charges \$1,520.00  
**Total Current Charges \$1,520.00**

**Amount Due \$39,784.75\***

**Total Due By Jun 22, 2016**

IF THE AMOUNT DUE IS NOT RECEIVED BY THE DELINQUENT DATE AS IT APPEARS ON THE BILL A LATE PAYMENT CHARGE OF \$1824.00 WILL APPLY.

**Our records indicate that your account is past due. To avoid disruption of service, please contact our office immediately to make a payment or payment arrangements.**

**Bloomingtondale Communications ■ 101 W Kalamazoo Street ■ Bloomingtondale, MI 49026**  
For Billing Inquiries please call 269-521-7300 or 1-800-377-3130  
Visit us online at [www.bloomingtondalecom.net](http://www.bloomingtondalecom.net) or E-mail us at [staff@bloomingtondalecom.net](mailto:staff@bloomingtondalecom.net)



<b>Change of Address</b>		NAME		EFFECTIVE DATE	
STREET ADDRESS				DAYTIME CONTACT NUMBER	
CITY		STATE		ZIP CODE	
				HOME TELEPHONE	

<b>Automatic Withdrawal from Bank Account</b>		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
DAYTIME CONTACT NUMBER		PLEASE INCLUDE A VOIDED CHECK along with this month's payment; auto deduct will not begin until next month's statement.	
NAME OF FINANCIAL INSTITUTION		BRANCH    ROUTING NUMBER	
PRINTED NAME		SIGNATURE    DATE	

<b>Credit Card Payment</b>		<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	
<input type="checkbox"/> <b>Recurring</b> - Your credit card will be automatically charged the Total Amount Due on the 10th of the month.		<input type="checkbox"/> <b>One-Time Payment</b> - Your credit card will be charged one time for the Amount Authorized below.	
NAME ON CARD		DAYTIME CONTACT NUMBER	
CARD NUMBER		EXPIRATION DATE	
PRINTED NAME		SIGNATURE    DATE	

## How To Read Your Invoice

- ① Billing Number - Your billing phone number. It will be helpful to have this number when calling customer service.
- ② Total Amount Due - Current charges plus any remaining prior bill charges.
- ③ Total Due By - Your total bill and the date your payment should be received by.
- ④ Amount Enclosed - Please indicate the payment amount included with your remittance.
- ⑤ Change of Address - Check this box to indicate if you have changed your address.
- ⑥ Remittance Address - Send your payment to this address with your remittance slip for proper credit to your account.
- ⑦ Account Summary - A summary of the information pertaining to your balance.
- ⑧ Current Charges - A summary of your current charges
- ⑨ Total Current Charges - A total of this month's current activity.



PO Box 187 • Bloomington, IL 47406  
Return Service Requested

JOHN DOE  
123 N MAIN ST  
ANYTOWN, IA 55555-0000

**Statement Date** May 1, 2014

① Billing Number (555) 555-1234

③ Account Number 0001234

Total Due By May 20, 2014 \$102.47

Amount Enclosed \$

④ Please put your phone number on your check and make payable to Bloomingtondale Communications

⑤ ☐ If your address has changed or you would like automatic bill payment, please check here and provide the required information on the back of this page.

⑥ BLOOMINGTONDALE COMMUNICATIONS  
PO BOX 187  
BLOOMINGTON, IL 47406



To ensure proper credit, please attach the top portion of this page with your payment. Please do not staple, tape or fold. ADD THE BOTTOM FOR YOUR RECORD.

**Bundle your Internet, Phone, and Video services for one low price and SAVE.**



**Statement Date** May 1, 2014

① Billing Number (555) 555-1234

③ Account Number 0001234

⑦ Past Due After May 20, 2014

Total Amount Due \$102.47

**Summary of Charges**

Previous Balance	\$62.20
Payments received through APR 30	\$62.20
Balance Forward	\$0.00

Payments received after APR 30 are not included.

⑧ Recurring Charges \$62.20

Bloomingtondale Long Distance \$40.27

**Total Current Charges \$102.47**

**Amount Due \$102.47**

⑨ Total Due By May 20, 2014

Bloomingtondale Communications • 101 W Kalamazoo Street • Bloomington, IL 47406  
For Billing Inquiries please call 269-521-7300 or 1-800-377-3130  
Visit us online at [www.bloomingtondale.com](http://www.bloomingtondale.com) or e-mail us at [info@bloomingtondale.com](mailto:info@bloomingtondale.com)

Facebook

Page 1 of 3



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**Service Summary**

Billing Number	Total
(269) 555-6800	1,520.00
<b>Total Current Charges</b>	<b>\$1,520.00</b>

**(269) 555-6800**

Account Number: 0024047

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**Recurring Charges Detail**

Description	Qty	Amount
Monthly Service Charges - (269) 555-6800		
RECURRING CHARGES JUN 05 TO JUL 05		
DPS 100Mb NET - ERATE	1	1,520.00
TOTAL Monthly Service Charges		\$1,520.00
<b>TOTAL Monthly Service Charges</b>		<b>\$1,520.00</b>
<b>TOTAL RECURRING CHARGES DETAIL</b>		<b>\$1,520.00</b>

<b>TOTAL CHARGES FOR (269) 555-6800</b>	<b>\$1,520.00</b>
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**Bill Messages**

OUR BUSINESS HOURS BLOOMINGDALE STORE:  
OPEN MONDAY THROUGH FRIDAY 8AM TO 5PM. PAW  
PAW STORE: OPEN MONDAY THROUGH FRIDAY  
8:30AM TO 5PM.

Did you know you can now pay your bill online? Visit  
[www.bloomingtondalecom.net](http://www.bloomingtondalecom.net) and click on Subscriber's  
Only. First time users will need to follow a few simple  
registration steps. Once registered, you can view your  
current bill, prior bills and payments, and make one  
time or recurring payments. For questions or help  
registering, call 521-7300.

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**Service Summary**

Billing Number	Total
(269) 555-4771	6,154.40
<b>Total Current Charges</b>	<b>\$6,154.40</b>

**(269) 555-4771**

Account Number: 0023781

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**Recurring Charges Detail**

Description	Qty	Amount
Monthly Service Charges - (269) 555-4771		
RECURRING CHARGES JUN 05 TO JUL 05		
BCI 20Mb ELAN CKT - ANTWERP	1	1,354.40
BCI 20Mb ELAN CKT - BANGOR	1	560.00
BCI 20Mb ELAN CKT - BLOOMINGDA	1	560.00
BCI 20Mb ELAN CKT - COVERT	1	560.00
BCI 20Mb ELAN CKT - GOBLES	1	560.00
BCI 20Mb ELAN CKT - LAWRENCE	1	560.00
BCI 50Mb INTERNET ACCESS 3 YR	1	2,000.00
TOTAL Monthly Service Charges		\$6,154.40
<b>TOTAL Monthly Service Charges</b>		<b>\$6,154.40</b>
<b>TOTAL RECURRING CHARGES DETAIL</b>		<b>\$6,154.40</b>

<b>TOTAL CHARGES FOR (269) 555-4771</b>	<b>\$6,154.40</b>
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**Bill Messages**

**OUR BUSINESS HOURS BLOOMINGDALE STORE:**  
**OPEN MONDAY THROUGH FRIDAY 8AM TO 5PM. PAW**  
**PAW STORE: OPEN MONDAY THROUGH FRIDAY**  
**8:30AM TO 5PM.**

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Did you know you can now pay your bill online? Visit [www.bloomingtondalecom.net](http://www.bloomingtondalecom.net) and click on Subscriber's Only. First time users will need to follow a few simple registration steps. Once registered, you can view your current bill, prior bills and payments, and make one time or recurring payments. For questions or help registering, call 521-7300.

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Home  Certify SPAC  Return to Portal  Log out

## Certify Service Provider Certification

### Block 1: Service Provider Information

1. Name of Service Provider  
Bloomington Telephone Co, Inc

2. Service Provider Identification Number (SPIN)  
143001696

3. Funding Year  
2016 

4. Contact Name Barbara Waite  
5. Complete Mailing Address of Contact Person  
Street Address, P.O. Box or Route Number  
Address 101 W Kalamazoo St.  
City Bloomington  
State MI  
Zip Code 49026 -

6. Telephone Number (269) 521 - 7300 ext.   
7. Fax Number (269) 521 - 7373 ext.   
8. Email Address BWAITE@BLOOMINGDALEC

### Block 2: Certification

I declare under penalty of perjury that the foregoing is true and correct: I am authorized to submit this Service Provider Annual Certification Form on behalf of the above-named Service Provider, which has been assigned the above-referenced Service Provider Identification Number, and that based on information known to me or provided to me by employees responsible for the data being submitted, I hereby certify that the data set forth in this Form has been examined and reviewed and is true, accurate and complete. I acknowledge that any false statement on this Form or on the Service Provider Invoice Form (FCC Form 474) can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. § 502, 503 (b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001, and that any such false statement could subject this Service Provider to liability under the False Claims Act.

- ☒ 9. I certify that the Service Provider Invoice Forms (FCC Form 474) that are submitted by this Service Provider contain requests for universal service support for services which have been billed to the Service Provider's customers on behalf of schools, libraries, and consortia of those entities, as deemed eligible for universal service support by the fund administrator.
- ☐ 10. I certify that the Service Provider Invoice Forms (FCC Form 474) that are submitted by this Service Provider are based on bills or invoices issued by the Service Provider to the Service Provider's customers on behalf of schools, libraries, and consortia of those entities as deemed eligible for universal service support by the fund administrator, and exclude any charges previously invoiced to the fund administrator for which the fund administrator has not yet issued a reimbursement decision.
- ☐ 11. I certify that any requests for reimbursement that are sought under a Service Provider Invoice Form (FCC Form 474) for discounts for products or services that contain both eligible and ineligible components are properly allocated as required by the Commission's rules at 47 C.F.R. § 54.504(e) (1) and (2).
- ☐ 12. I certify that the invoices that are submitted by this Service Provider to the Billed Entity for reimbursement pursuant to Billed Entity Applicant Reimbursement Forms (FCC Form 472) are accurate and represent payments from the Billed Entity to the Service Provider for equipment and services provided pursuant to E-rate program rules.
- ☐ 13. I certify that this Service Provider makes available to customers, upon their request, separate prices for distinct services to assist Billed Entity Applicants in identifying the portions of their bills that

- ☐ 14. represent the costs of services provided to eligible entities for eligible purposes.  
I certify that no non-discount portion of the costs for eligible services will be waived, paid, or promised to be paid by this Service Provider. I acknowledge that the provision by any service provider of a supported service, or of free services or products unrelated to the supported service or product constitutes a rebate of the non-discount portion of the supported services as stated in 47 C.F.R. § 54.523.
- ☐ 15. I certify that no kickbacks, as defined in 41 U.S.C. § 8701, were paid by this Service Provider to anyone in connection with the schools and libraries universal support program.
- ☐ 16. I certify that this Service Provider is in compliance with the Commission's rule and orders regarding gifts and this Service Provider has not directly or indirectly offered or provided any gifts, gratuities, favors, entertainment, loans, or any other thing of value to any eligible schools, libraries, or consortium that includes eligible schools or libraries, except as permitted by the Commission's rule at 47 C.F.R. § 54.503(d).
- ☐ 17. I certify that if the fund administrator, as necessary, requests additional supporting information, this Service Provider will make all documents requested available to the Fund Administrator as required by 47 C.F.R. § 54.516(b). I certify that this Service Provider will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of delivery of discounted services, (1) any and all records that I rely upon to complete this form and each Service Provider Invoice Form (FCC Form 474) that is submitted by this Service Provider during the present funding year, (2) any and all records issued by this Service Provider to the Billed Entity for reimbursement pursuant to Billed Entity Applicant Reimbursement Forms (FCC Form 472) and (3) all documents necessary to demonstrate compliance with the statutory or regulatory requirements for the schools and libraries universal service support program as required by 47 C.F.R. § 54.516(a)(2) I recognize that this Service Provider may be audited pursuant to 47 C.F.R. § 54.516(c), and that the Service Provider must provide such records as required by 47 C.F.R. § 54.516(b)
- ☐ 18. I certify that the prices in any offer that this Service Provider makes pursuant to the schools and libraries universal service support program have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other offeror or competitor relating to (i) those prices, (ii) the intention to submit an offer, or (iii) the methods or factors used to calculate the prices offered.
- ☐ 19. I certify that the prices in any offer that this Service Provider makes pursuant to the schools and libraries universal service support program will not be knowingly disclosed by this Service Provider, directly or indirectly, to any other offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law.
- ☐ 20. I certify that no attempt will be made by this Service Provider to induce any other concern to submit or not to submit an offer for the purpose of restricting competition.
- ☐ 21. I certify that this Service Provider is not suspended or debarred from participating in Federal programs.
- ☐ 22. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and acknowledges that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

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**Contact Information for Service Provider Authorized Person:**

**23. Signature** ☐

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form.

24. Date 9/22/2016

25. Name Barbara Waite

26. Title/Position

27. Address PO Box 187101 W Kalamazoo Street

City Bloomingdale

State MI

Zip Code 49026 -

28. Phone Number (269) 521 - 7300 ext.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

 

OMB Number 3060 - 0856 Form 473

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Client Service Bureau: 1-888-203-8100

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FCC Form 473

Do not write in this space.

Approval by OMB  
OMB Control No. 3080-0856  
Estimated time per response: 1.0 hours

Please read instructions before completing.

Universal Service for Schools and Libraries  
Service Provider Annual Certification Form

(To be completed by Service Provider)

**Block 1: Service Provider Information****1. Service Provider Name**

Bloomingdale Telephone Co, Inc

**2. Service Provider Identification Number (SPIN)**

143001696

**3. Funding Year:**

July 1, 2016 through June 30, 2017

**4. Contact Name**

Steve Shults

**5. Complete Mailing Address of Contact Person**

Street Address, P.O. Box or Route Number

101 W Kalamazoo St.

Bloomingdale

MI 49026

City

State Zip Code

**6. Telephone Number with Area Code**

269-521-7300

**7. Fax Number with Area Code**

269-521-7373

**8. Email Address**

swshults@BLOOMINGDALECOM.NET

**Block 2: Certification**

I declare under penalty of perjury that the foregoing is true and correct: I am authorized to submit this Service Provider Annual Certification Form on behalf of the above-named Service Provider, which has been assigned the above-referenced Service Provider Identification Number, and that based on information known to me or provided to me by employees responsible for the data being submitted, I hereby certify that the data set forth in this Form has been examined and reviewed and is true, accurate and complete. I acknowledge that any false statement on this Form or on the Service Provider Invoice Form (FCC Form 474) can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. § 502, 503 (b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001, and that any such false statement could subject this Service Provider to liability under the False Claims Act.

9. I certify that the Service Provider Invoice Forms (FCC Form 474) that are submitted by this Service Provider contain requests for universal service support for services which have been billed to the Service Provider's customers on behalf of schools, libraries, and consortia of those entities, as deemed eligible for universal service support by the fund administrator.

10. I certify that the Service Provider Invoice Forms (FCC Form 474) that are submitted by this Service Provider are based on bills or invoices issued by the Service Provider to the Service Provider's customers on behalf of schools, libraries, and consortia of those entities as deemed eligible for universal service support by the fund administrator, and exclude any charges previously invoiced to the fund administrator for which the fund administrator has not yet issued a reimbursement decision.

11. I certify that any requests for reimbursement that are sought under a Service Provider Invoice Form (FCC Form 474) for discounts for products or services that contain both eligible and ineligible components are properly allocated as required by the Commission's rules at 47 C.F.R. § 54.504(e) (1) and (2).

12. I certify that the invoices that are submitted by this Service Provider to the Billed Entity for reimbursement pursuant to Billed Entity Applicant Reimbursement Forms (FCC Form 472) are accurate and represent payments from the Billed Entity to the Service Provider for equipment and services provided pursuant to E-rate program rules.

**Service Provider Name** Bloomington Telephone Co. Inc  
**SPIN** 143001696  
**Contact Name** Steve Shults  
**Contact Telephone Number** 269-521-7300

**Block 2: Certification (Continued)**

13. I certify that this Service Provider makes available to customers, upon their request, separate prices for distinct services to assist Billed Entity Applicants in identifying the portions of their bills that represent the costs of services provided to eligible entities for eligible purposes.

14. I certify that no non-discount portion of the costs for eligible services will be waived, paid, or promised to be paid by this Service Provider. I acknowledge that the provision by any service provider of a supported service, or of free services or products unrelated to the supported service or product constitutes a rebate of the non-discount portion of the supported services as stated in 47 C.F.R. § 54.523.

15. I certify that no kickbacks, as defined in 41 U.S.C. § 8701, were paid by this Service Provider to anyone in connection with the schools and libraries universal support program.

16. I certify that this Service Provider is in compliance with the Commission's rule and orders regarding gifts and this Service Provider has not directly or indirectly offered or provided any gifts, gratuities, favors, entertainment, loans, or any other thing of value to any eligible schools, libraries, or consortium that includes eligible schools or libraries, except as permitted by the Commission's rule at 47 C.F.R. § 54.503(d).

17. I certify that if the fund administrator, as necessary, requests additional supporting information, this Service Provider will make all documents requested available to the Fund Administrator as required by 47 C.F.R. § 54.516(b). I certify that this Service Provider will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of delivery of discounted services, (1) any and all records that I rely upon to complete this form and each Service Provider Invoice Form (FCC Form 474) that is submitted by this Service Provider during the present funding year, (2) any and all records issued by this Service Provider to the Billed Entity for reimbursement pursuant to Billed Entity Applicant Reimbursement Forms (FCC Form 472) and (3) all documents necessary to demonstrate compliance with the statutory or regulatory requirements for the schools and libraries universal service support program as required by 47 C.F.R. § 54.516(a)(2). I recognize that this Service Provider may be audited pursuant to 47 C.F.R. § 54.516(c), and that the Service Provider must provide such records as required by 47 C.F.R. § 54.516(b).

18. I certify that the prices in any offer that this Service Provider makes pursuant to the schools and libraries universal service support program have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other offeror or competitor relating to (i) those prices, (ii) the intention to submit an offer, or (iii) the methods or factors used to calculate the prices offered.

19. I certify that the prices in any offer that this Service Provider makes pursuant to the schools and libraries universal service support program will not be knowingly disclosed by this Service Provider, directly or indirectly, to any other offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law.

20. I certify that no attempt will be made by this Service Provider to induce any other concern to submit or not to submit an offer for the purpose of restricting competition.

21. I certify that this Service Provider is not suspended or debarred from participating in Federal programs.

22. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and acknowledges that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

**23. Signature of authorized person**  
**Signed electronically by Barbara Waite**

**24. Date**  
**9/22/2016**

**25. Printed name of authorized person**  
**Barbara Waite**

**26. Title or position of authorized person**  
Billing Specialist

**27. Address of authorized person**  
PO Box 187101 W Kalamazoo Street, Bloomington MI 49026

**28. Telephone number of authorized person**  
269-521-7300

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to be 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [PRA@fcc.gov](mailto:PRA@fcc.gov). PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.